9STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

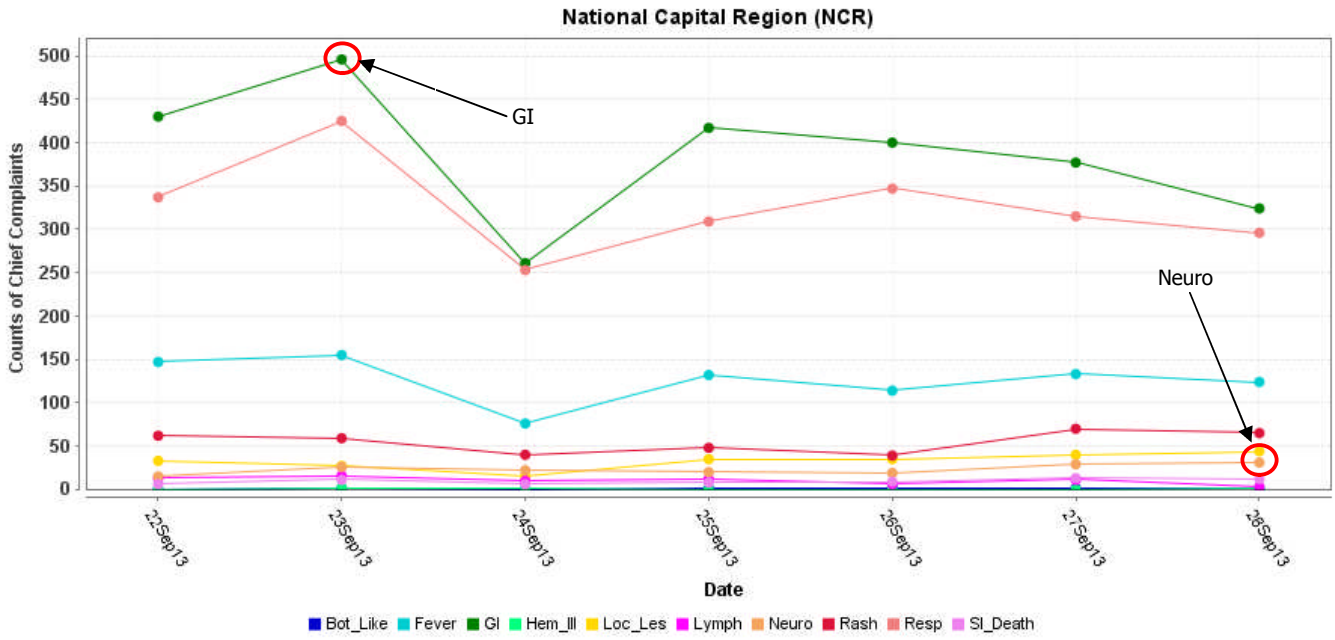
October 4, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:39
Reporting for the week ending 09/28/13 (MMWR Week #39)

CURRENT HOMELAND SECURITY THREAT LEVELS

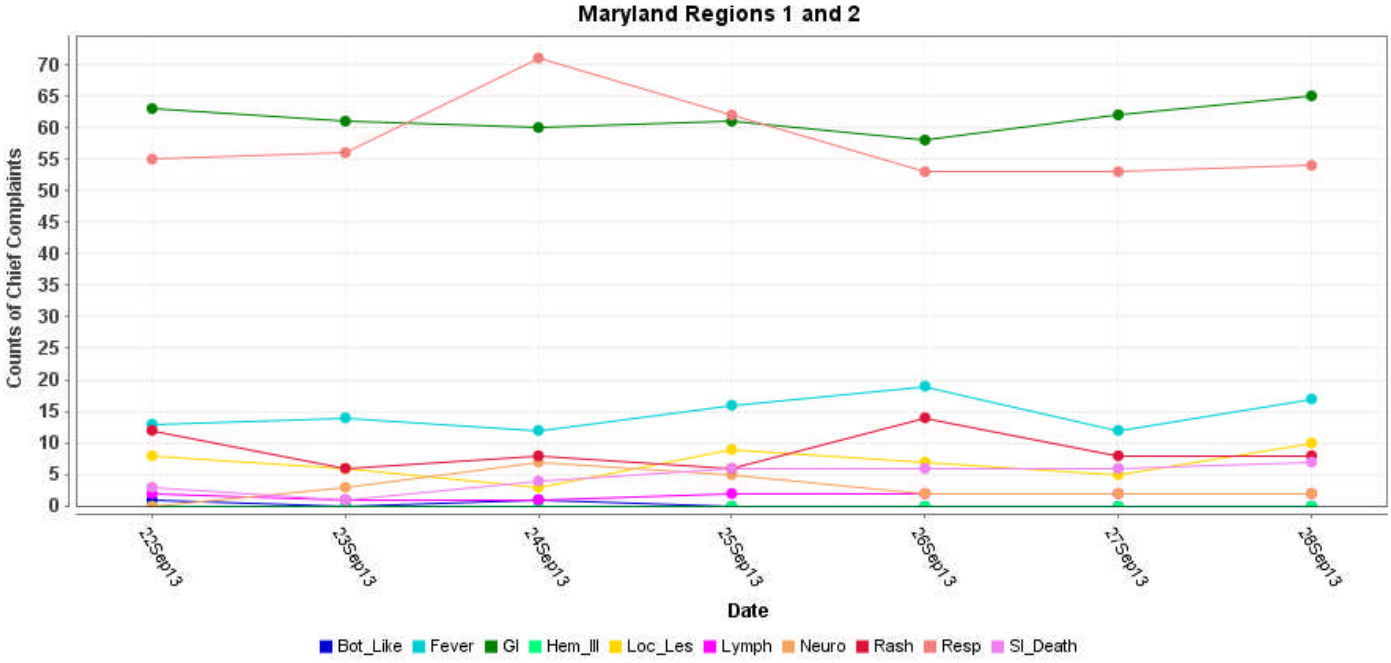
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

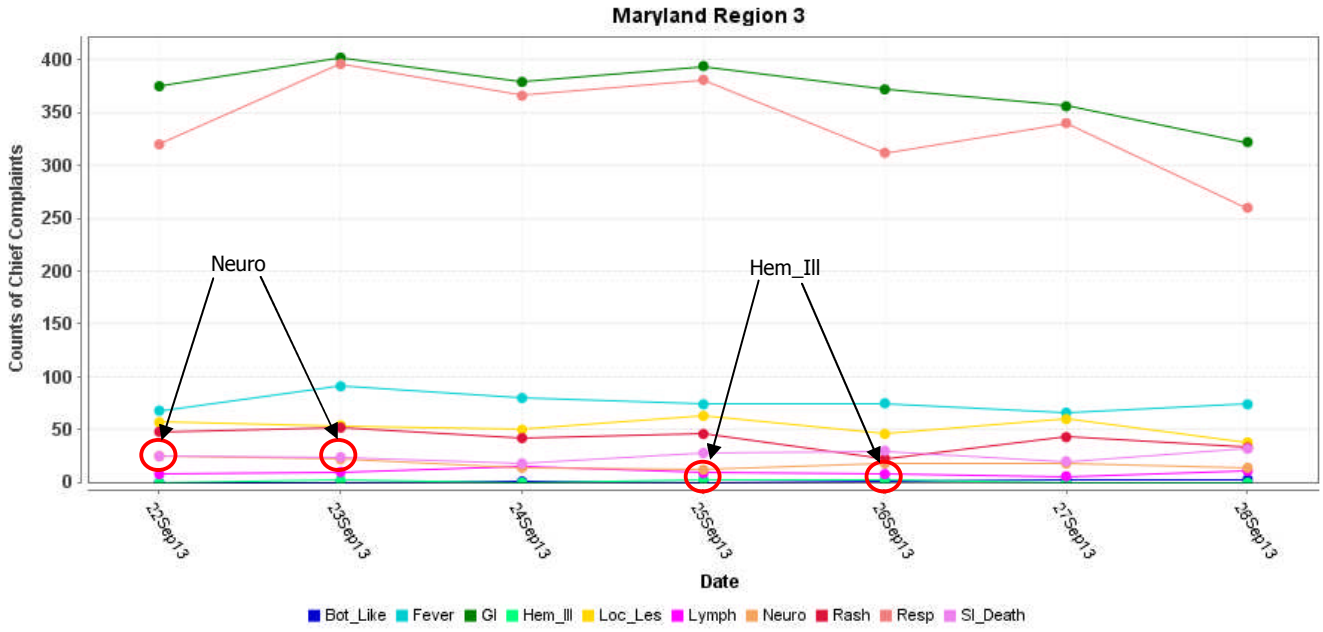


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

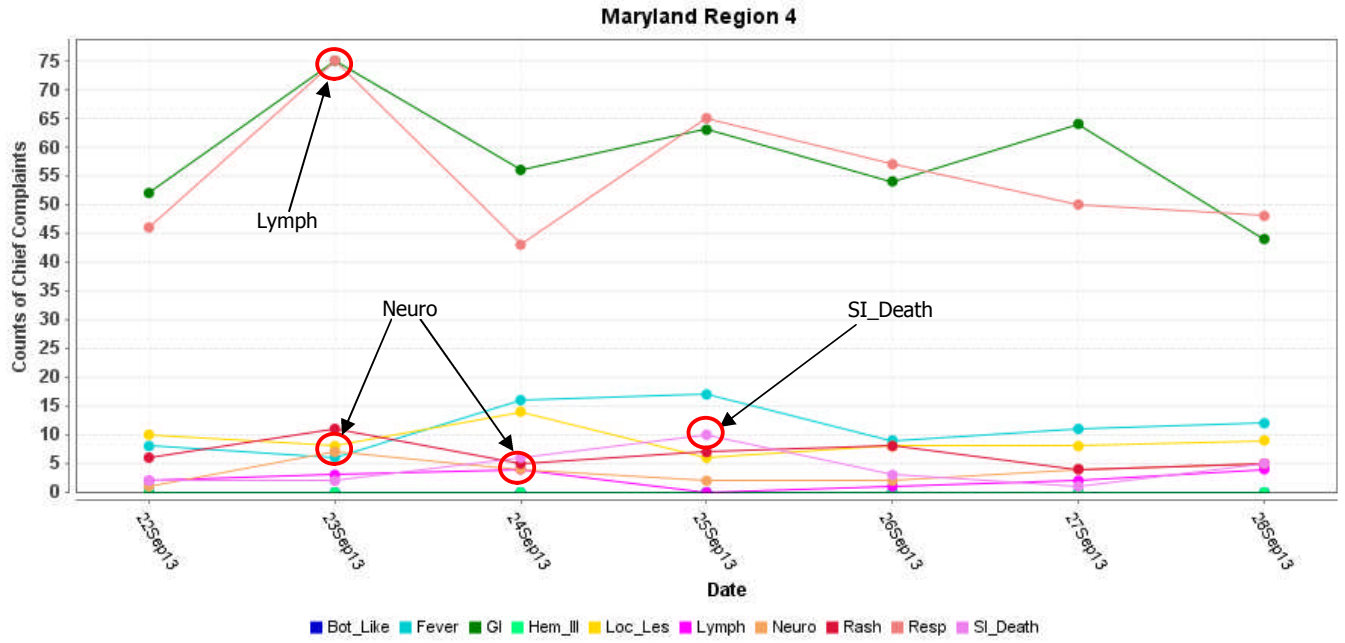
MARYLAND ESSENCE:



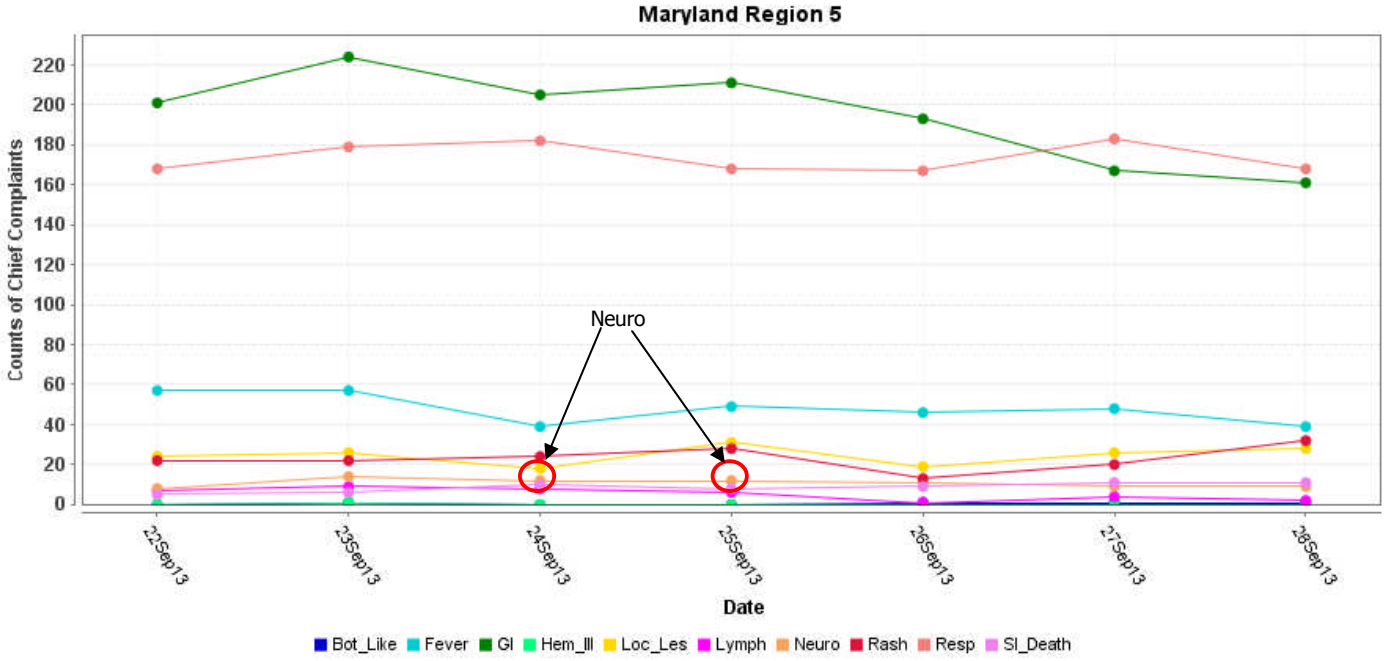
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



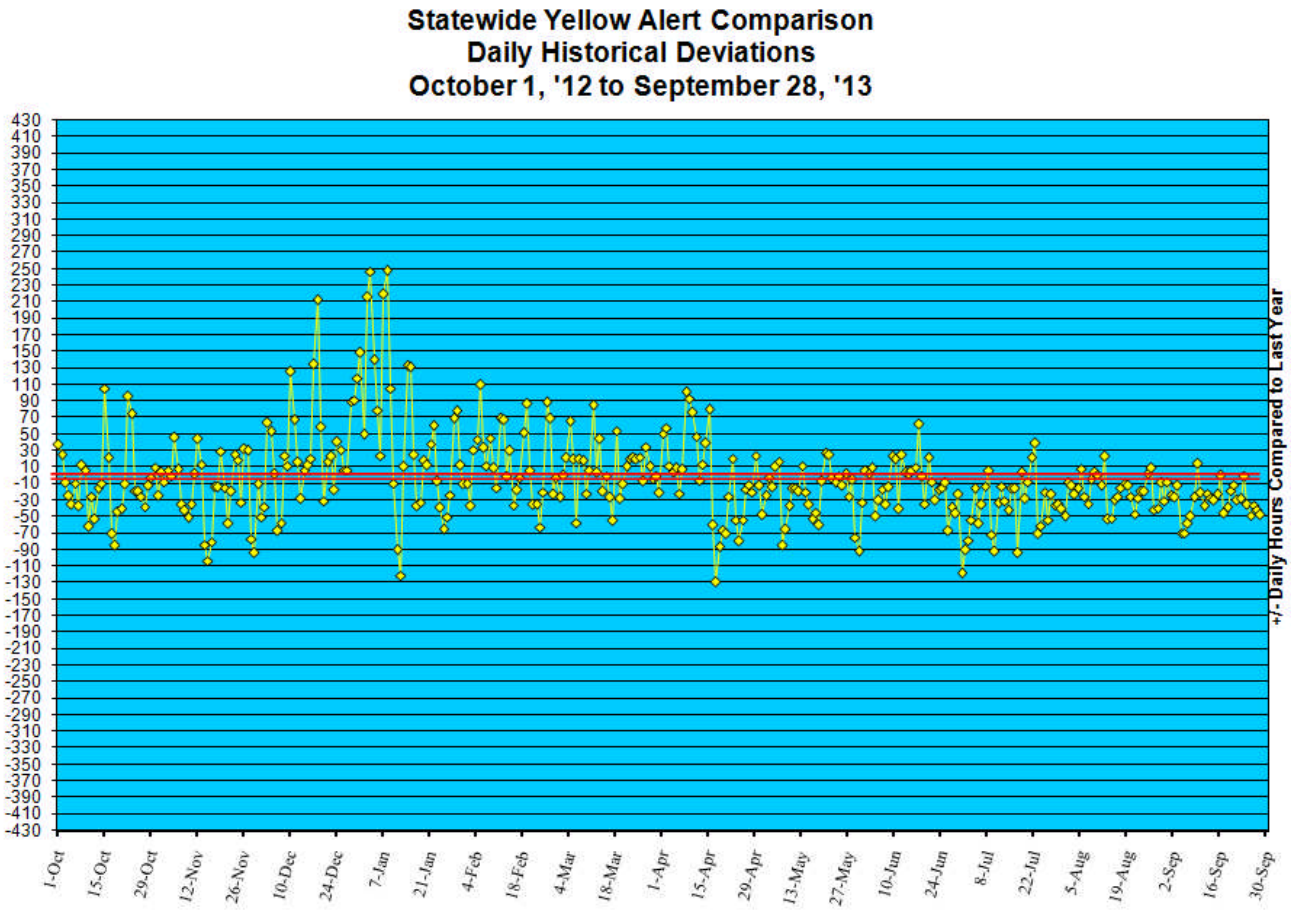
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in August 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (September 22 - September 28, 2013):	7	0
Prior week (September 15 - September 21, 2013):	5	0
Week#39, 2012 (September 24 – September 30, 2012):	13	0

3 outbreaks were reported to DHMH during MMWR Week 39 (September 22 – September 28, 2013)

1 Gastroenteritis Outbreak
1 outbreak of GASTROENTERITIS in a Hospital

1 Respiratory Illness Outbreak
1 outbreak of AFRD in a Nursing Home

1 Rash Illness Outbreak
1 outbreak of HAND, FOOT, AND MOUTH DISEASE associated with a Daycare Center

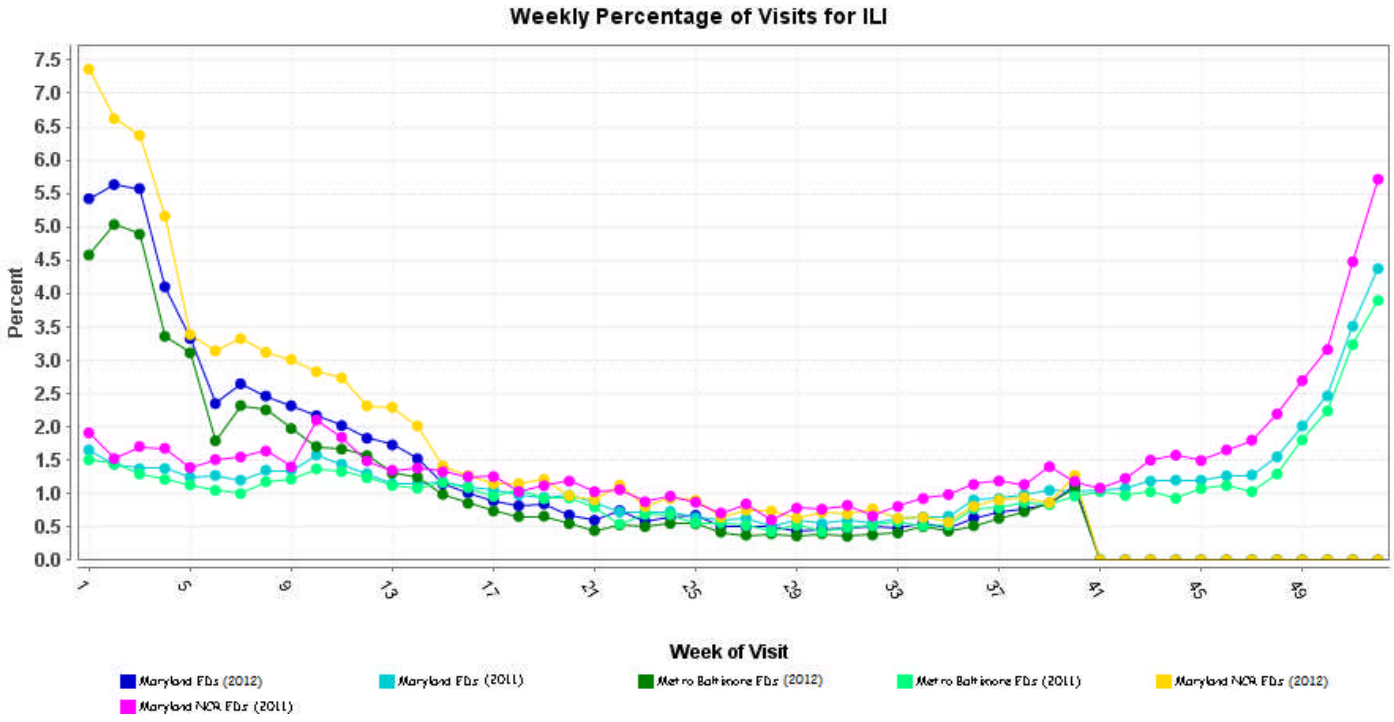
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

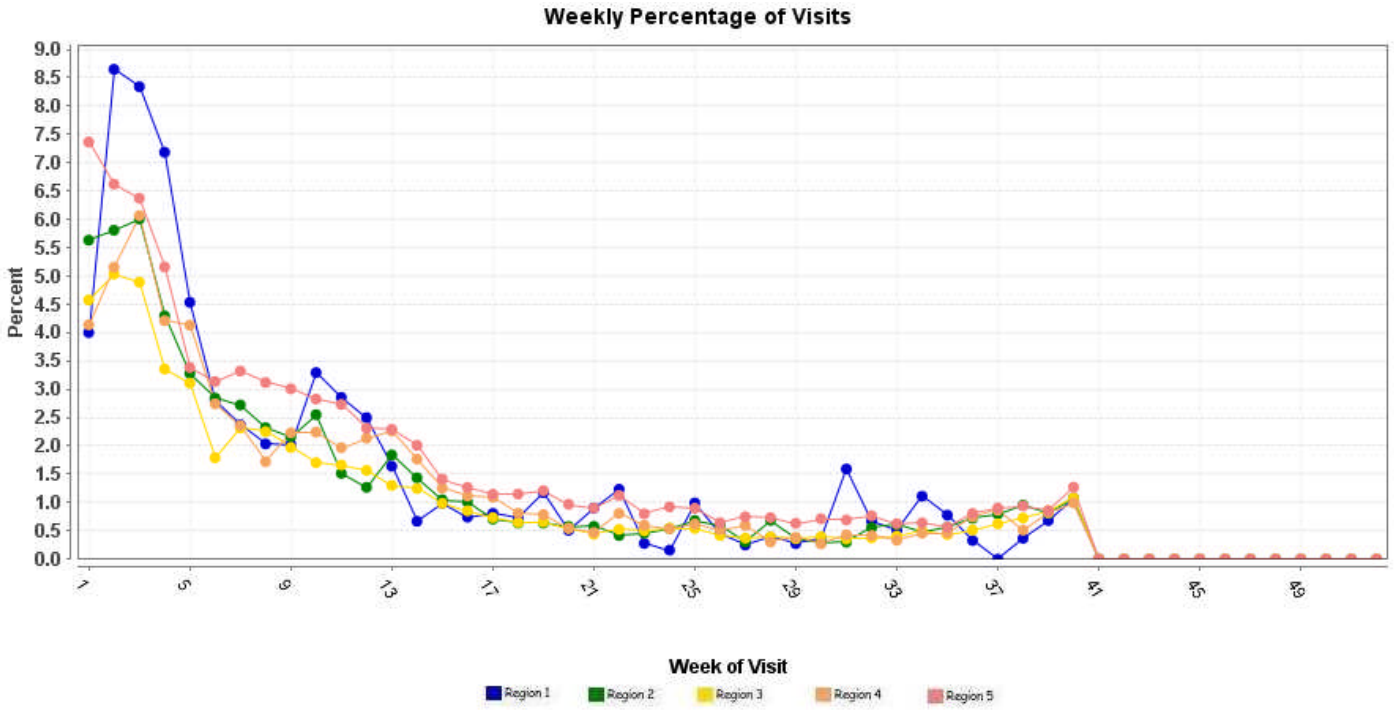
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



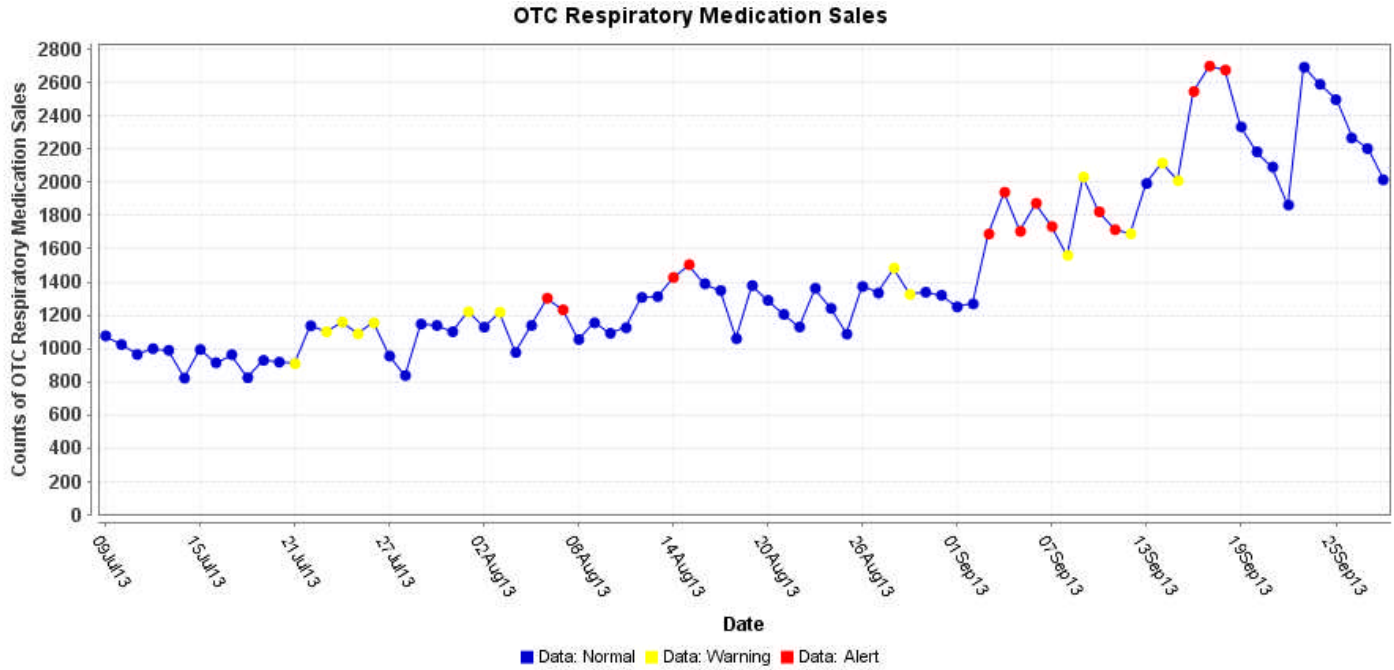
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 29, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 637, of which 378 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

E. COLI EHEC (CALIFORNIA): 28 September 2013, Marin County health officials have increased to 6 an estimate of the number of Marin residents suspected to be sickened by an unidentified exposure to E. coli. Marin County Public Health Officer Dr. Matt Willis said Friday afternoon [27 Sep 2013] that 5 confirmed and one presumptive case of the often food-borne E. coli O157 infection have been reported to Marin County health officials since 22 Sep 2013. Four of the patients are children. Of the 4 patients hospitalized, 2 have been discharged; 2 other patients were not hospitalized. All 6 patients are stable and recovering or fully recovered. The infected individuals are residents of Tiburon, San Anselmo, Inverness, and San Rafael. "We're seeing cases from all over," Willis said. He declined to say whether any of those sickened are members of the same family. On Wed 25 Sep 2013, Willis reported that the bacterial infection had been detected in 3 children and was suspected in an adult. The bacterium's incubation period is approximately 3 to 4 days after exposure, but it can be as long as 10 days. Willis said that Marin County Department of Health and Human Services and Environmental Health Services are working with the California Department of Public Health to gather information from clinicians, patients and food vendors to determine whether the cases might share a common source or be linked to cases outside of Marin. The ongoing investigation has not identified any single food source of the infections. Environmental Health inspections of establishments where food may have been purchased or consumed by victims has not revealed any contaminated products or evidence for ongoing risk to the public. Marin's regional public health laboratory is collaborating with a state lab to perform DNA fingerprinting on the bacteria, which will help determine whether people were infected with the same strain. Willis said this new technique also will allow him to determine whether the strain is related to an E. coli outbreak that occurred in San Francisco in mid August 2013. The San Francisco Department of Public Health reported that 10 of the 12 people who were sickened dined at the Burma Superstar restaurant. Of those diners, 5 were hospitalized and one developed a life-threatening kidney disease that can be associated with E. coli O157 infections: hemolytic uremic syndrome. "It's my understanding that no source within the restaurant was identified," Willis said. "In a majority of small outbreaks, the source is never identified." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

PLAGUE, BUBONIC (NEW MEXICO): 27 September 2013, The New Mexico Department of Health announced today, 26 Sep 2013, a confirmed case of plague in a 52-year-old man from Santa Fe County. Confirmatory testing was performed at the Department's Scientific Laboratory Division. This is the 3rd human case of plague in New Mexico and in the USA in 2013. An environmental investigation will take place at the man's home to look for ongoing risk to others in the surrounding area. "Whenever there is a human case of plague the Department takes several steps to ensure the safety of the immediate family, neighbors, and health care providers," said Department of Health Secretary Retta Ward, MPH. "We inform neighbors door-to-door about plague found in the area and educate them on reducing their risk. We determine whether individuals close to the patient may also have been exposed to the plague and recommend preventative treatment when necessary." Plague is a bacterial disease of rodents and is generally transmitted to humans through the bites of infected fleas, but can also be transmitted by direct contact with infected animals, including rodents, wildlife and pets. "We are seeing plague activity in several different locations of north-central New Mexico," said Dr. Paul Ettestad, public health veterinarian at the Department of Health. "Everyone needs to be aware of the situation and take precautions to avoid rodents and their fleas." Symptoms of plague in humans include sudden onset of fever, chills, headache, and weakness. In most cases there is a painful swelling of the lymph node in the groin, armpit or neck areas. Plague symptoms in cats and dogs are fever, lethargy and loss of appetite. There may be a swelling in the lymph node under the jaw. With prompt diagnosis and appropriate antibiotic treatment, the fatality rate in people and pets can be greatly reduced. Physicians who suspect plague should promptly report to the New Mexico Department of Health. The 1st 2 human plague cases in New Mexico this year [2013] were in a 15-year-old boy and an 11-year-old girl, both from Torrance County. Both have recovered. There was one human plague case in New Mexico in 2012, 2 human cases of plague in 2011, no cases in 2010, and 6 human cases of plague in 2009, one of them fatal. (Plague is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

HEPATITIS A (USA): 25 September 2013, The multistate hepatitis A outbreak linked to 'Townsend Farms Organic Antioxidant Blend', which contained pomegranate seeds from a company in Turkey, has increased to 162 cases as of [20 Sep 2013], according to the Centers for Disease Control and Prevention (CDC) update Monday [23 Sep 2013]. The cases have been recorded from 10 states to include Arizona (23), California (79), Colorado (28), Hawaii (8), New Hampshire (1), New Jersey (1), New Mexico (11), Nevada (6), Utah (3), and Wisconsin (2). The CDC notes that the cases reported from Wisconsin resulted from exposure to the product in California, and the cases reported from New Hampshire reported fruit exposure during travel to Nevada. All those affected reported eating this product purchased it from Costco markets. The strain of hepatitis A, belonging to genotype 1B, was found in the majority of the patients. The CDC says this genotype is rarely seen in the Americas but circulates in North Africa and the Middle East. Based on Food and Drug Administration (FDA) traceback and traceforward investigations and the CDC's epidemiological investigation, FDA and CDC have determined that the most likely vehicle for the hepatitis A virus appears to be a common shipment of pomegranate seeds from a company in Turkey, Goknur Foodstuffs Import Export Trading. The berry mix was recalled earlier this summer and on [29 Jun 2013], the FDA announced that it will detain shipments of pomegranate seeds from Goknur Foodstuffs Import Export Trading of Turkey when they are offered for import into the United States. There have not been any importations of these products since that time. The Turkish company has since been put on 2 separate Import Alerts. (Food Safety

Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NORTH CAROLINA): 23 September 2013, New numbers from the health department show the salmonella outbreak in Cleveland County is growing. There are 89 cases reported, an increase from 71 reported on Sun 22 Sep 2013. There were 40 cases in Cleveland County, 46 in Rutherford County, and 2 in Gaston County. There is one case in South Carolina. The outbreak has been linked to a fundraiser at Sandy Plains Baptist Church on 7 Sep 2013. The church sold 5000 plates. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (KENTUCKY): 23 September 2013, The Hopkins County Health Department (Kentucky) is advising you to wash your hands and to fully cook your meat after a salmonellosis outbreak. Officials confirm the outbreak after one person died on Wed 18 Sep 2013. Health officials say there have been 7 confirmed cases. Of 6, 4 people were hospitalized. One has died. The Health Department says it started the investigation on Tue 17 Sep 2013. It says it could take a few weeks. Officials are unsure whether the outbreak is caused by contaminated food or is animal related. Investigators will be attempting to link the cases together with food diaries and interviewing the affected persons. Denise Beach with the Hopkins County Health Department says symptoms are fever, diarrhea, and abdominal cramping. "People want to be really good about hand washing. They need to make sure that food is cooked to proper temperatures, especially meat and eggs. They need to make sure all the cutting boards, countertops, utensils are cleaned," Beach said. She says if you have any of these symptoms, see a doctor immediately. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

HEPATITIS A (NEW YORK): 22 September 20123, The discovery of 5 cases of hepatitis A at a Bronx restaurant have alarmed Health Department officials, who are urging other patrons of the restaurant to seek medical attention as soon as possible. One employee and 4 patrons at New Hawaii Sea Restaurant in the Bronx have reportedly been diagnosed with hepatitis A [virus infection]. The New York City Health Department is warning people who ate at the restaurant's 1475 Williamsbridge Road location between 7-19 Sep 2013 to get a hepatitis A vaccine as soon as possible. If people are vaccinated within 14 days of exposure, vaccination can prevent the disease from occurring. They said those who consumed food from the restaurant through catering or delivery should also seek a vaccine, and all leftover food should be discarded immediately. Hepatitis A is contracted by consuming food contaminated by someone with the infection. Symptoms of a hepatitis A infection include jaundice, fatigue, abdominal pain, nausea and diarrhea. People typically develop symptoms about one month after being infected, the Health Department said, though it can be as soon as 15 days or take as long as 50 days. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

CHOLERA (IRAN): 28 September 2013, A total of 4 people have become infected with cholera in Iran's capital city of Tehran, deputy Minister of Health and Medical Education, Ali Akbar Sayyari said, Fars news agency reported. Cholera infection has spread to 10 Provinces in Iran, Sayyari said, adding that some 174 people were infected across the country. Sayyari went on to note that the [incidence of] infection is rising continuously. The official of the Center for Disease Management of the Ministry of Health and Medical Education, Mohammad Nabavi, announced on 21 Sep 2013 that some 170 cholera infection cases have been registered in Iran, adding that 144, 1 and 25 infected people are Afghanistan, Pakistan and Iran citizens, respectively. On 4 Sep 2013, the head of the Center for Disease Management of the Ministry of Health and Medical Education Mohammad Mehdi Gouya said that the infected persons are illegal migrants from bordering countries to the east. Gouya added that cases of infection with cholera were registered in the provinces of Sistan, Balujistan and Kerman, and those under the threat of getting infected were put under supervision. According to information from Iranian media outlets, cholera infection cases in Iran have been being registered for nearly 45 years; in 2012, some 15 such cases were registered. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE GOLD COAST (ENGLAND): 28 September 2013, The Food Standards Agency, with Public Health England and local authorities, is investigating an outbreak of a particular strain of salmonella, called Salmonella Gold Coast, which is known to have caused 18 cases of illness. The investigation has identified potential links between the outbreak and the consumption of whelks from independent shops, market stalls, and mobile seafood vans, largely in the East Anglia area. As part of this investigation, Lynn Shellfish Ltd of King's Lynn (formally known as Heiploeg or Heiploeg and Lynn Shrimpers) has issued a recall of all batches of frozen and chilled whelks. Anyone who has recently purchased and consumed whelks and is displaying the symptoms of food poisoning, such as diarrhea, vomiting, stomach cramps, and fever, should contact their GP. None of the affected product remains on sale. However, if you have whelks in your fridge or freezer from independent shops, market stalls, and mobile seafood vans in the East Anglia area, you should not eat them but instead throw them away. Details of the affected product: Lynn Shellfish Ltd (UK K1010 EC), Cooked whelk meat, All date marks, Frozen and chilled. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

TETRODOTOXIN POISONING (FRANCE): 22 September 2013, 10 victims of food poisoning from the consumption of fugu fish on 10 Sep 2013 are all out of the hospital, announced the Regional Health Agency, Indian Ocean [La Reunion] on Friday [20 Sep 2013]. "To date, patients have returned to their homes," said the Regional Health Agency, Indian Ocean. Results confirm that the fish was from the pufferfish family, which is banned from all fish markets. The tests were performed by the Agency for Marine Research and Development (ARVAM in French) from leftovers. The results of these tests confirm the presence of tetrodotoxin in the ingested food. The fish that caused the food poisoning are indeed from the pufferfish family (globe fish, Fugu, "ball" or "bouftangue" in Reunion), as confirmed by the photo taken by the fisherman. This type of fish contains tetrodotoxin, a powerful neurotoxin that can be fatal. This toxin is concentrated mainly in the liver, viscera, skin and gonads of this type of fish. Poisoning usually occurs within minutes after ingestion. According to ARVAM, other past tetrodotoxin poisonings have been identified in Reunion:

- In 1959, 13 patients, 12 hospitalized (fish caught in Reunion)
- In 1972, 7 patients (2 deaths), (fish caught in St. Paul)
- In 1980: 2 patients
- In 1989, one patient

Pufferfish are poisonous fish that are on the banned list for marketing by a decree dated 24 Dec 2009. Accordingly, consumption of these fish should be avoided. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

MERS-COV (SAUDI ARABIA): 22 September 2013, Genetic analysis of samples of the deadly MERS virus that has killed 58 people in the Middle East and Europe shows the disease has jumped from animals to humans several times, scientists said on Friday [20 Sep 2013]. At least 132 people have been infected with the Middle East respiratory syndrome (MERS) coronavirus since it emerged about a year ago, and it has killed 58 of them, according to the World Health Organization. While cases have been reported in people across the Middle East and in France, Germany, Italy, Tunisia and Britain, the vast majority of infections and deaths are in Saudi Arabia. After conducting genome sequencing studies of the virus [which is classified in the family *Coronaviridae*, like the virus that caused the SARS outbreak a decade ago], British and Saudi researchers found several infection transmission chains and said they painted a picture of what they called lively "pathogenic chatter" between species. "Our findings suggest that different lineages of the virus have originated from viruses jumping across to humans from an animal source a number of times," said Paul Kellam, a professor of viral pathogenesis at Britain's Sanger Institute and University College London (UCL), who led the research. His team sequenced and analyzed the genomes of MERS-CoV samples taken from 21 patients from across Saudi Arabia. They then combined the geographic locations of the patients with the time they were infected and the amount of genetic differences seen between the virus genomes. This led them to what they called a "higher resolution picture of how the virus has spread and how its genome has changed over time." While the findings, published in the Lancet medical journal, cannot help scientists predict how likely MERS is to become more easily transmissible in people -- and how likely to cause a human pandemic -- they should help health experts develop more effective infection control measures to limit its spread. The virus, a cousin of the coronavirus that caused a deadly outbreak of severe acute respiratory syndrome (SARS) in 2002 and 2003, can cause coughing, fever and pneumonia. As yet, no firm evidence has been found on the so-called "animal reservoir" of MERS, although several recent studies have linked it to bats and to dromedary camels. Various groups of scientists are conducting studies of other potential reservoir species, including goats, sheep, dogs, cats, rodents and others. Ziad Memish, Saudi's deputy minister of health and one of the researchers on this latest study, said pinning down the animal source or sources would be critical in allowing health authorities to get on top of the outbreak. Researchers and health officials say they take some solace from evidence showing that while the virus can spread from person-to-person, it does not do so easily and doesn't appear to be gaining a firm foothold as a human disease. "Two mass gathering events attracting over 8 million pilgrims have occurred in Mecca, Saudi Arabia since the discovery of MERS-CoV 12 months ago -- the annual Hajj in October 2012 and the July 2013 Ramadan Umrah season -- and yet, no MERS-CoV cases have been reported from these events to date," said Ali Zumla, a professor of infectious diseases at UCL, who also worked on the study. He added, however, that "despite the current minimal risk of global spread" and in the light of these latest genetic findings, "watchful surveillance and vigilance are required." (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable